

## **(CS-120) OTI STUDY REQUEST/IN-STATE**

### **PURPOSE:**

This form is initiated by a county to request approval to place a child in another county. It provides relevant information regarding the proposed placement and a request for a finding as to whether the placement should or should not be approved. It will also be used as a formal request for a family assessment. Following review by the receiving county this form will be used as an official notification that the proposed placement may or may not be made or a requested service has been provided. An unfavorable finding means that the placement is not recommended.

Form CS-120 must accompany all requests for placement of a child within Missouri, but outside the current county of residences.

### **NUMBER OF COPIES AND DISTRIBUTION:**

Complete three (3) copies of this form. The originating county retains one copy and forwards two (2) copies to the receiving county. The receiving county indicates action taken or recommendation, retains one (1) completed copy and forwards the other completed copy to the originating county.

### **INSTRUCTIONS FOR COMPLETION:**

#### *Section I - Identifying Information:*

- In the first two blocks, enter the name of the circuit manager and county address where the request is being forwarded (TO) and the name and address of the circuit manger and county who is submitting the request (FROM).
- Enter the full legal name, DCN, sex, birth date and ethnic group of the child for whom this placement is proposed.
- Enter the names of the legal mother and the legal father. In most instances the legal mother and legal father will be the birth parents. In cases where an adoption has been finalized, the adoptive parents will be the legal parents. If the parent(s) is deceased, enter "deceased" after the parent's name. If parental rights have been terminated by the court, indicate in parenthesis beside the name; or, if you prefer to withhold the name, simply note that parental rights were terminated.

#### *Section II - Placement Information:*

- Enter the full name, address and telephone number of the person(s) or facility with whom the originating county proposes to place the child or has requested a family assessment. If the resource, e.g. foster family care, is yet to be determined, leave these items blank.
- Type of Care: Place and X in the box which designates one of the following:

- FOSTER FAMILY CARE: A substitute family resource which is or is intended to be licensed or approved as a foster home.
  - ADOPTION: A permanent family resource which is or is intended to be approved as an adoptive home.
  - GROUP HOME CARE: A resource which is licensed or approved as a group home and which provides substitute care for a fee; usually a modified family-type setting which serves more children than a foster home, but fewer than an institution.
  - PARENT(S): Legal parent(s)
  - RELATIVE (non-parent): Specify relationship, such as maternal aunt, paternal grandparents, brother, etc.
  - OTHER: Specify a type of care not already listed; e.g., Independent Living Arrangement (as older teenager who is still under the jurisdiction of CD and court, but is capable of independent living without the supervision of a foster home or group home)
- Legal Status: Place an X in the box which designates one of the following:
    - CD CUSTODY: Child is in the legal custody of the Children's Division
    - COURT JURISDICTION ONLY: Child is under court jurisdiction, but not in the legal custody of an agency. The court has full responsibility for weighing the requested information and making the placement decision. This is most likely to occur when two or more parents/relatives have a dispute over custody.
    - PARENTS/RELATIVE CUSTODY: Child is in legal custody of parents/relative. Specify name of legal custodian.
    - PARENTAL RIGHTS TERMINATED: Originating county has accepted a voluntary relinquishment of parental rights and/or has completed court action terminating parental rights and has the right to place for adoption.
    - OTHER: Legal status is not otherwise listed e.g., legal action, such as a petition for custody or to terminate parental rights is pending.

*Section III – Services Requested:*

- FAMILY ASSESSMENT: If the proposed placement is not for a group care placement and a current family assessment has not been received, mark the box for the appropriate type of family assessment (Natural, Relative, Adoptive or Foster) needed based on the type of care indicated in Section II.
- PROTECTIVE SERVICES: If parents of child in CD custody have moved to the receiving county and on-going services are necessary.

- REQUEST RECEIVING COUNTY TO PROVIDE SERVICE BY: If the requested service or family assessment is needed to meet to deadline e.g., scheduled court hearing, specify the date by which the request should be completed and returned.

*Section IV - Attachments:*

- CHILD'S SOCIAL HISTORY: Should accompany the majority of referrals. This includes the pre-placement summary on adoption referrals and can be written with non-identifying information, if appropriate and preferred.
- FAMILY ASSESSMENT: Attach a current family assessment if one is not being requested. Mark if you already have an approved adoptive home study or the child is re-locating with foster parents and the foster family assessment is enclosed.
- COURT ORDER: All applicable court documents should be enclosed e.g., custody orders, orders terminating parental rights, and orders requesting a family assessment.
- OTHER ENCLOSURES: Indicates other pertinent material such as psychological evaluations, permanency plan, medical reports, school reports and written service agreements. It is not necessary to itemize these enclosures on the form.
- SIGNIATURE OF SENDING WORKER: the form should be signed and dated by the Children's Service Worker requesting the service or family assessment.

*Section V – Action by Receiving County:*

This section is completed in the receiving county. The designated person reviews the proposed placement and all required information. If the sending county has requested placement, the receiving county will indicate whether the placement is recommended.

- SIGNATURE OF RECEIVING WORKER: This form should be signed and dated by the Children's Service Worker completing the requested family assessment/service.

INSTRUCTION FOR RETENTION:

This form shall be retained in the child's record indefinitely.

MEMORANDA HISTORY: CS88-5